

QUARTERLY STATEMENT

As of March 31, 2020

of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code 0, 0 (Current Period) (Prior Period)	NAIC Company Code 13101	Employer's ID Number 51-0140)354
Organized under the Laws of RI	State of Domicile or Port of Entry RI	Country of Domicile	US
Incorporated/Organized June 16, 1975	Commenced Business July 1, 1975	5	
Statutory Home Office	One Turks Head Place Providence Rl 02903		

(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office One Turks Head Place .. Providence .. Rl 02903 401-369-8240

(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address One Turks Head Place .. Providence .. RI 02903

(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records One Turks Head Place .. Providence .. RI 02903 401-369-8240

(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address N/A

Statutory Statement Contact

Jerilynn Leahy

(Name)

401-369-8245

(Area Code) (Telephone Number) (Extension)

jleahy@beechercarlson.com 401-369-8241 (E-Mail Address) (Fax Number)

OFFICERS

Name Title Name Title

1. Timothy Knapp Vice Chair 2. Earl Cottam Jr. Chair

3. Jerilynn Leahy Assistant Secretary 4.

OTHER

DIRECTORS OR TRUSTEES

Daniel Wright James Pascalides DPM Earl Cottam Jr. Timothy Knapp
Don Baldini Barbara M Cavicchio DDS Newell Warde
Jennifer Morrison Virginia Burke Eric Payntor Laurie Kuiper #

State of...... Rhode Island County of..... Kent

Expires January 16, 2021

The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filling with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be requested by various regulators in lieu of or in addition to the enclosed statement.

	Englishin Cott	
(Signature)	(Signature)	(Signature)
Timothy Knapp	Earl Cottam Jr,	Jerilynn Leahy
1. (Printed Name)	2. (Printed Name)	(Printed Name)
Vice Chair	Chair	Assistant Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me This Oay of May	a. Is this an original filing?b. If no: 1. State the amendment number	Yes [X] No []
XMILL	Date filed Number of pages attached	

STEPHANIE WILLIAMSON
My Identification # 754882



QUARTERLY STATEMENT

As of March 31, 2020 of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of Rhode Island

NAIC Group Code 0, 0 (Current Period) (Prior Period)		/ Code 13101	Employer's ID Number	er 51-0140354
Organized under the Laws of RI	,	le or Port of Entry RI	Country	of Domicile US
Incorporated/Organized June 16, 1975		Commenced Business July 1, 19	•	01 2011110110 00
Statutory Home Office	One Turks Head Place Provid			
Main Administrative Office	One Turks Head Place Provid			-369-8240 (Telephone Number)
Mail Address	One Turks Head Place Provid (Street and Number or P. O. Box)	ence RI 02903 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records		ence RI 02903 n, State, Country and Zip Code)		-369-8240 (Telephone Number)
Internet Web Site Address	N/A			
Statutory Statement Contact	Jerilynn Leahy (Name)		401: (Area Code) (Telephone)	-369-8245 Number) (Extension)
	jleahy@beechercarlson.com (E-Mail Address)			-369-8241 x Number)
	OFFIC	CERS.		
Name	Title	Name		Title
1. Timothy Knapp	Vice Chair	2. Earl Cottam Jr.	Chair	THE
3. Jerilynn Leahy	Assistant Secretary	4.		
	OTH	IER		
Don Baldini	DIRECTORS Cones Pascalides DPM	DR TRUSTEES Earl Cottam Jr. Barbara M Cavicchio DDS Eric Payntor	Timothy Knapp Newell Warde Laurie Kuiper #	
State of Rhode Island County of Providence				
The officers of this reporting entity being duly swe stated above, all of the herein described assets wherein stated, and that this statement, together worf all the assets and liabilities and of the condition therefrom for the period ended, and have been commanual except to the extent that: (1) state law may procedures, according to the best of their informatincludes the related corresponding electronic filing enclosed statement. The electronic filing may be	vere the absolute property of the said ith related exhibits, schedules and ex in and affairs of the said reporting enti ompleted in accordance with the NAI ay differ; or, (2) that state rules or registion, knowledge and belief, respectiving with the NAIC, when required, that	reporting entity, free and clear from any li- color than the reporting period stated above ity as of the reporting period stated above C Annual Statement Instructions and Accu- ulations require differences in reporting no rely. Furthermore, the scope of this attest is an exact copy (except for formatting di	iens or claims thereon, ex- referred to, is a full and tra- , and of its income and de- ounting Practices and Pro- ot related to accounting pra- ation by the described offi- ifferences due to electronic	cept as ue statement ductions cedures actices and cers also
(Signature)	(Signa	iture)	(Signature)	
Timothy Knapp	Earl Co	//	Jerilynn Leahy 3. (Printed Name)	
1. (Printed Name)	2. (Printe			
Vice Chair (Title)	Cha (Titl		Assistant Secretary (Title)	
Subscribed and sworn to before me This day of	,	this an original filing?		No []

			Current Statement Date		4
		1	2 Nonadmitted	3 Net Admitted Assets	December 31 Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds.	88,027,633		88,027,633	88,468,445
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks			0	
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens			0	
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0 encumbrances)			0	
	4.2 Properties held for the production of income (less \$0 encumbrances)			0	
	4.3 Properties held for sale (less \$0 encumbrances)			0	
5.	Cash (\$543,211), cash equivalents (\$963,034) and short-term investments (\$0).	1 506.245		1.506.245	1.178.705
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives				
8.	Other invested assets.				
9.	Receivables for securities.				
10.	Securities lending reinvested collateral assets				-
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued				
	Premiums and considerations:	1,170,101		1,170,101	1,260,004
15.	15.1 Uncollected premiums and agents' balances in the course of collection	(70.176)		(70.176)	(42.255)
		(79,170)		(79,176)	(42,255)
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	346.721		346.721	126.690
	15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0).			0	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	
	16.2 Funds held by or deposited with reinsured companies			0	
	16.3 Other amounts receivable under reinsurance contracts			0	
17.	Amounts receivable relating to uninsured plans			0	
18.1	Current federal and foreign income tax recoverable and interest thereon	100,679		100,679	
18.2	Net deferred tax asset	388,233		388,233	
19.	Guaranty funds receivable or on deposit			0	
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$0)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$0) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets				
	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)				
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)				
		ETAILS OF WRITE-INS	<u> </u>		
1101				n	
	Summary of remaining write-ins for Line 11 from overflow page				
	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)				
	Miscellaneous Accounts Receivable				
	Prepaid Losses			•	•
	Prepaid Losses				
	Summary of remaining write-ins for Line 25 from overflow page				0
∠599	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	11,/00	<u> </u> U	11,/00	5,383

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31 Prior Year
1.	Losses (current accident year \$820,415)		21,002,589
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses		7,397,459
4.	Commissions payable, contingent commissions and other similar charges		71,572
5.	Other expenses (excluding taxes, licenses and fees)		270,532
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	·	
7.1	Current federal and foreign income taxes (including \$0 on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money \$0 and interest thereon \$0.		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$0 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)	2,263,124	1,894,009
10.	Advance premium		84,764
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others	960,527	960,527
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$0 certified)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$0 and interest thereon \$0.		
25.	Aggregate write-ins for liabilities	0	223,983
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	32,627,435	32,428,913
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	32,627,435	32,428,913
29.	Aggregate write-ins for special surplus funds	0	0
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds	0	0
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)	120,303,803	123,365,118
36.	Less treasury stock, at cost:		
	36.10.000 shares common (value included in Line 30 \$0)		
	36.20.000 shares preferred (value included in Line 31 \$0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	120,303,803	123,365,118
38.	Totals (Page 2, Line 28, Col. 3)	152,931,238	155,794,031
	DETAILS OF WRITE-INS		
2501. 2502.	Unearned Finance Charge Premium Deficiency Reserve		
2503.	Losses Payable		223,983
2598. 2599.	Summary of remaining write-ins for Line 25 from overflow page		223,983
2901.			,
2902. 2903.			
	Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. 3201.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)		0
3202. 3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page	0	0
	Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above)		0

	STATE WILLIAT OF TINCOWN			
		1 Current Year	2 Prior Year	3 Prior Year Ended
		to Date	to Date	December 31
	UNDERWRITING INCOME			
1.	Premiums earned:			
	1.1 Direct (written \$905,239)			1,810,548
	1.2 Assumed (written \$0)			
	1.3 Ceded(written \$0)			4.040.540
	1.4 Net	536,125	470,198	1,810,548
2	Losses incurred (current accident year \$820,415):			
	2.1 Direct	1.147.738	928.054	(1.407.913)
	2.2 Assumed			
	2.3 Ceded			
	2.4 Net			· ·
	Loss adjustment expenses incurred			(741,284)
	Other underwriting expenses incurred			1,511,968
6	Total underwriting deductions (Lines 2 through 5)	1 936 288	1 507 674	
	Net income of protected cells			
8.	Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(1,400,163)	(1,037,476)	2,447,777
	INVESTMENT INCOME			
9.	Net investment income earned	1,195,746	1,260,289	4,987,734
10.	Net realized capital gains (losses) less capital gains tax of \$94,949	357,188	256,405	
11.	Net investment gain (loss) (Lines 9 + 10)	1,552,934	1,516,694	6,559,299
	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off			
	(amount recovered \$0 amount charged off \$0)			
	Finance and service charges not included in premiums			15,503
14.	Aggregate write-ins for miscellaneous income	0	0	(536,020)
	Total other income (Lines 12 through 14)	5,531	4,145	(520,517)
10.	foreign income taxes (Lines 8 + 11 + 15)	159 302	483 363	8 486 559
17.	Dividends to policyholders			
	Net income, after dividends to policyholders, after capital gains tax and before all other federal and			
	foreign income taxes (Line 16 minus Line 17)			8,486,559
19.	Federal and foreign income taxes incurred	(61,261)	8,887	1,226,217
20.	Net income (Line 18 minus Line 19) (to Line 22)	220,563	474,476	7,260,342
	CAPITAL AND SURPLUS ACCOUNT			
	Surplus as regards policyholders, December 31 prior year			
	Net income (from Line 20)			
23.	Net transfers (to) from Protected Cell accounts	(2.000.005)	4.050.505	4 000 000
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$(875,271)	(3,292,085)	1,252,505	
26	Change in net deferred income tax	10 807	(33 385)	(118 715)
	Change in nonadmitted assets			
	Change in provision for reinsurance			
	Change in surplus notes			
	Surplus (contributed to) withdrawn from protected cells			
	Cumulative effect of changes in accounting principles			
32.	Capital changes: 32.1 Paid in			
	32.2 Transferred from surplus (Stock Dividend)			
	32.3 Transferred to surplus			
33.	Surplus adjustments:			
	33.1 Paid in			
	33.2 Transferred to capital (Stock Dividend)			
24	33.3 Transferred from capital.			
	Net remittances from or (to) Home Office			
	Change in treasury stock.			
	Aggregate write-ins for gains and losses in surplus			0
38.	Change in surplus as regards policyholders (Lines 22 through 37)	(3,061,315)	1,693,656	8,841,293
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	120,303,803	116,217,481	123,365,118
	DETAILS OF WRITE-INS	<u></u>		
	Change in Premium Deficiency Reserve			
	Summary of remaining write-ins for Line 5 from overflow page		0	0
	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)			0
	Gain or loss on retroactive reinsurance.			(536,020)
	Cult of 1000 of 1010 dubit of 10110			(000,020)
	Summary of remaining write-ins for Line 14 from overflow page			0
	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)			(536,020)
	Summary of remaining write-ins for Line 37 from overflow page		0	0
	Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)			
		,		

		1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CASH FROM OPERATIONS	10 2 410	. 0 2 4.0	200020. 0 .
1.	Premiums collected net of reinsurance	637,366	387,978	1,697,425
2.	Net investment income	1,404,770	1,480,684	5,469,684
3.	Miscellaneous income	3,926	(19,440)	(459,275
4.	Total (Lines 1 through 3)	2,046,062	1,849,222	6,707,834
5.	Benefit and loss related payments	728,038 .	1,072,110	1,765,933
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	774,113	439,281	2,041,85
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	160,000		1,800,00
10.	Total (Lines 5 through 9)	1,662,151	1,511,391	5,607,79
11.	Net cash from operations (Line 4 minus Line 10)	383,911 .	337,831	1,100,04
	CASH FROM INVESTMENTS			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	2,341,447	1,706,730	12,819,45
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds	3,992	56	
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,345,439	1,706,786	12,819,45
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	1,981,425	2,321,444	12,652,11
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications	420,385	420,240	1,662,32
	13.7 Total investments acquired (Lines 13.1 to 13.6)			
4.	Net increase or (decrease) in contract loans and premium notes			
5.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(56,371)	(1,034,898)	(1,494,98
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES			·
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)			
7.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)			
	CONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	327 540	(609 078)	(30/1 0/
19.	Cash, cash equivalents and short-term investments (Line 11 plus Line 13 plus Line 17)		(009,070)	(554,5
ıΰ.		1 170 705	1 572 645	1 570 6/
	19.1 Beginning of year.19.2 End of period (Line 18 plus Line 19.1).		964,567	

Note 1 - Summary of Significant Accounting Policies and Going Concern

Accounting Practices

Medical Malpractice Joint Underwriting Association of Rhode Island ("the MMJUA") is a joint underwriting association created by the state of Rhode Island. The MMJUA was originally created in accordance with RI Gen. Law 42-35-3 by the adoption of Regulation 230-RICR-20-10-1 (formerly Insurance Regulation 21) by the Department of Business Regulation (the "Department") effective June 16, 1975. Subsequently, legislation was enacted which authorized the Department to promulgate regulations relating to medical malpractice insurance and validated Regulation 230-RICR-20-10-1. It was the intent of the Department that the MMJUA provides a continuing stable facility for medical malpractice insurance. Under the original plan of operation (approved June 25, 1975) and as amended and approved by the department on November 10, 2003, the MMJUA was created to provide medical malpractice insurance for physicians, hospitals and other health care providers, on a self-supporting basis.

The MMJUA is authorized to issue medical malpractice policies on a "claims made" or "occurrence" basis with limits not to exceed \$1,000,000 for each medical incident under one policy and in the aggregate of \$3,000,000 under one policy in any one year. The MMJUA is also authorized to underwrite incidental coverage's for any health care provider that is also covered by the MMJUA's medical malpractice, with limits of \$1,000,000 per incident and \$1,000,000 aggregate under a one year policy. Additionally, the MMJUA is authorized to provide Commercial General Liability coverage to the health care providers with limits of \$1,000,000 per incident and \$2,000,000 aggregate under a one year policy. All policies are on an annual basis and shall be subject to the Group Retrospective Rating Plan and Stabilization Reserve Fund as authorized by Regulation 230-RICR-20-10-1.

The Group Retrospective Rating Plan and stabilization reserve fund are described under Note 24.

		SSAP	F/S	F/S		
		#	Page	Line #	Current Year to Date	2019
NET	INCOME					
(1)	The Company state basis					
	(Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 220,563	\$ 7,260,342
(2)	State Prescribed Practice that are an increase/(decrease) from NAIC SAP					
					\$	\$
(3)	State Permitted Practice that are an increase/(decrease) from NAIC SAP				•	•
					\$	\$
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 220,563	\$ 7,260,342
SUR	PLUS					
(5)	The Company state basis					
	(Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 120,303,803	\$ 123,365,118
(6)	State Prescribed Practice that are an increase/(decrease) from NAIC SAP					
					\$	\$
(7)	State Permitted Practice that are an increase/(decrease) from NAIC SAP					
					\$	\$
(8)	NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 120,303,803	\$ 123,365,118

The accompanying financial statements of the MMJUA have been prepared in conformity with accounting practices prescribed or permitted by the Department. Prescribed accounting practices include state laws, regulations and general administrative rules applicable to insurance companies domiciled in the State of Rhode Island; National Association of Insurance Commissioners' ("NAIC") Annual Statement Instructions; the NAIC Accounting Practices and Procedures Manual; the Purposes and Procedures and Securities Valuation Manuals of the NAIC Securities Valuation Office; NAIC official proceedings; and the NAIC Examiner's and Market Conduct Handbooks. Permitted statutory accounting practices encompass all accounting practices not so prescribed.

The Department requires insurance companies domiciled in the State of Rhode Island to prepare their statutory financial statements in accordance with the NAIC Accounting Practices and Procedures Manual and subject to Rhode Island Department of Business Regulation Gen. Law 42-35-3.

В. Use of Estimates in the Preparation of the Financial Statement

> The preparation of financial statements in accordance with statutory accounting practices requires management to make estimates and assumptions that affect the reported amounts of admitted assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

(1) Basis for Short-Term Investments

Short-term investments are stated at amortized cost.

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method

Bonds generally are stated at amortized cost, except for bonds that are rated by the NAIC as a class 3 - 6 which are reported at the lower of amortized cost or fair market value. Amortization is calculated using the scientific constant yield to worst method.

(3) Basis for Common Stocks

The MMJUA holds no investments in common stocks.

(4) Basis for Preferred Stocks

The MMJUA holds no investments in preferred stocks.

(5) Basis for Mortgage Loans

The MMJUA holds no investments in first lien mortgage loans on real estate.

Basis for Loan-Backed Securities and Adjustment Methodology

Investment grade loan-backed securities are stated at amortized value. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized value or fair value.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The MMJUA has no subsidiaries.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The MMJUA holds no interest in joint ventures or partnerships.

(9) Accounting Policies for Derivatives

The MMJUA does not invest in derivative instruments.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The MMJUA does not have a premium deficiency reserve.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

The reserve for unpaid losses and loss adjustment expenses represents the estimated unpaid ultimate liability for claims reported to the MMJUA plus claims incurred but not yet reported and the related estimated loss adjustment expenses. In establishing this reserve, the MMJUA utilizes the findings of an independent consulting actuary. The reserves for unpaid losses and loss adjustment expenses are estimated using individual case basis valuations and statistical analyses. Those estimates are subject to the effects of trends in loss severity and frequency.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The MMJUA does not have a capitalization policy.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

Not applicable as the MMJUA does not write major medical insurance with prescription drug coverage.

D. Going Concern

None

Note 2 - Accounting Changes and Corrections of Errors

No significant changes

Note 3 - Business Combinations and Goodwill

Not applicable

Note 4 - Discontinued Operations

Not applicable

Note 5 - Investments

No significant changes

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 - Investment Income

The company does not admit investment income due and accrued if amounts are over 90 days past due (180 days for mortgage loans).

В Not applicable

Note 8 - Derivative Instruments

Not applicable

Note 9 - Income Taxes

No significant changes

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

Not applicable

Note 11 - Debt

Not applicable

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable

Note 13 - Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

Not applicable

Note 14 - Liabilities, Contingencies and Assessments

No significant changes

Note 15 - Leases

Not applicable

Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

Not applicable

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premiums Written/ Produced By
Beecher Carlson Insurance Services LLC	95-3679538		/ 1	C, CA, R, B, P,	
Total	XXX	XXX	XXX	-	\$ 905,239

Note 20 - Fair Value Measurements

Fair Value Measurements

Fair Value Measurements at Reporting Date

The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy. The three-level fair value hierarchy is based on the degree of subjective inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

> Level 1- Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded preferred and common stocks. It also includes derivative liabilities for written call options on common stock which are also exchange traded. The estimated fair value of the equity securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

Level 2 - Significant Other Observable Inputs: This category for items measured at fair value on a recurring basis includes bonds, preferred stocks and common stocks which are not exchange-traded. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

Level 3 - Significant Unobservable Inputs: The Company has no assets or liabilities measured at fair value in this category.

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

The Company has no assets or liabilities measured at fair value in the Level 3 category.

(3) Policies when Transfers Between Levels are Recognized

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

The Company measures items at Level 2 on a recurring basis. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

(5) Fair Value Disclosures

Not applicable

R Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not applicable

Fair Value Level

The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy as described above in Note 20A.

	Α	ggregate Fair						Net	Asset Value	Not Practicable
Type of Financial Instrument		Value	A	dmitted Assets	(Level 1)	(Level 2)	(Level 3)		(NAV)	(Carrying Value)
Bonds	\$	92,543,909	\$	88,027,633	\$ -	\$ 92,543,909	\$	\$		\$
Cash, cash equivalents and										
short-term investments	\$	1,506,245	\$	1,506,245	\$ 1,506,245	\$ -	\$	\$		\$
Other Invested Assets	\$	64.070.273	\$	61.451.042	\$ 3,666,978	\$ 60.403.295	\$	\$		\$

D. Not Practicable to Estimate Fair Value

Not applicable

E. **NAV Practical Expedient Investments**

Not applicable

Note 21 - Other Items

Not applicable

Note 22 - Events Subsequent

Subsequent events have been considered through May 11, 2020 for these statutory financial statements which are to be issued on May 15, 2020.

In December 2019, a novel strain of coronavirus surfaced in Wuhan, China, and has spread around the world, with resulting business and social disruption. The coronavirus was declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. The operations and business results of the Company could be materially adversely affected. The extent to which the coronavirus (or any other disease or epidemic) impacts business activity or investment results will depend on future developments, which are highly uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus and the actions required to contain the coronavirus or treat its impact, among others.

Note 23 - Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

No significant changes

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

Change in Incurred Losses and Loss Adjustment Expenses

There was unfavorable development of \$322,000 attributable to insured events of prior years. The reason for the unfavorable change relates to claims settling for more than originally expected.

B. Information about Significant Changes in Methodologies and Assumptions

> There have been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

Note 26 - Intercompany Pooling Arrangements

Not applicable

Note 27 - Structured Settlements

No significant changes

Note 28 - Health Care Receivables

Not applicable

Note 29 - Participating Policies

Not applicable

Note 30 - Premium Deficiency Reserves

Not applicable

Note 31 - High Deductibles

Not applicable

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

Note 33 - Asbestos/Environmental Reserves

Not applicable

Note 34 - Subscriber Savings Accounts

Not applicable

Note 35 - Multiple Peril Crop Insurance

Not applicable

Note 36 - Financial Guaranty Insurance

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

CE	N	D	٨	

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of as required by the Model Act?	Material Transactions with the State of Domicile,			1 1 20V	No [X]
1.2	If yes, has the report been filed with the domiciliary state?				Yes[] Yes[
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of reporting entity?	f incorporation, or deed of settlement of the				
2.2	If yes, date of change:				Yes[]	No [X]
3.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or If yes, complete Schedule Y, Parts 1 and 1A.	more affiliated persons, one or more of which is an inst	urer?	•	Yes[]	No [X]
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end	1?		,	Yes[]	No [X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.					
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?			,	Yes[]	No [X]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the code is the response to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the yes to 3.4 is yes, provide the code is yes to 3.4 is yes, provide the yes to 3.4 is	ne entity/group.				
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by If yes, complete and file the merger history data file with the NAIC for the annual filing correspondence.			•	Yes[]	No [X]
4.2	If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state result of the merger or consolidation.	abbreviation) for any entity that has ceased to exist as a	1			
	1			2 NAIC		3
	N. (5.0)			Compa	any	State of
	Name of Entity			Code	3	Domicile
5.	If the reporting entity is subject to a management agreement, including third-party administrator similar agreement, have there been any significant changes regarding the terms of the agreem If yes, attach an explanation.		Y	'es[]	No [X]] N/A []
6.1	State as of what date the latest financial examination of the reporting entity was made or is being	ng made.		12/3	31/2015	
6.2	State the as of date that the latest financial examination report became available from either the should be the date of the examined balance sheet and not the date the report was completed or			12/3	31/2015	
6.3	State as of what date the latest financial examination report became available to other states or reporting entity. This is the release date or completion date of the examination report and not the	the public from either the state of domicile or the			18/2017	
6.4	By what department or departments?					
	State of Rhode Island Department of Business Regulation, Insurance Division					
6.5	Have all financial statement adjustments within the latest financial examination report been account Departments?	counted for in a subsequent financial statement filed	Ye	s[X]	No[]	N/A []
6.6	Have all of the recommendations within the latest financial examination report been complied w	vith?	Ye	s[X]	No []	N/A []
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including co by any governmental entity during the reporting period?	rporate registration, if applicable) suspended or revoked		,	Yes[]	No [X]
7.2	If yes, give full information:					
8.1	Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Bo	pard?		,	Yes[]	No [X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.					
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?			,	Yes[]	No [X]
8.4	If the response to 8.3 is yes, please provide below the names and location (city and state of the regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's	r of the Currency (OCC), the Federal Deposit Insurance				
	1 Affiliate Name	Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting functions) of the reporting entity subject to a code of ethics, which includes the following standard	g officer or controller, or persons performing similar ards?		,	Yes [X] No[]
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts		nips;			
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required	to be filed by the reporting entity;				
	(c) Compliance with applicable governmental laws, rules and regulations;					
	(d) The prompt internal reporting of violations to an appropriate person or persons identified	in the code; and				
	(e) Accountability for adherence to the code.					
9.11	If the response to 9.1 is No, please explain:					
9.2	Has the code of ethics for senior managers been amended?			,	Yes[]	No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).					
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?			,	Yes[]	No [X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).				-	_

PART 1 - COMMON INTERROGATORIES

FINANCIAL

10.1	Does	the reporting entity report any amou	ints due from parent, subsidi	aries or affiliate	es on Page 2 of this	statement?			Yes[]	No [X]
10.2	If yes,	indicate any amounts receivable fro	om parent included in the Pa	ge 2 amount:				\$		0
				IN	IVESTMENT					
11.1		any of the stocks, bonds, or other as another person? (Exclude securiti			under option agreei	ment, or otherwise	e made available for	-	Yes[]	No [X]
11.2	If yes,	give full and complete information r	relating thereto:							
12.	Amou	nt of real estate and mortgages held	d in other invested assets in	Schedule BA:				\$		0
13.	Amou	nt of real estate and mortgages held	d in short-term investments:					\$		0
14.1	Does	the reporting entity have any investr	ments in parent, subsidiaries	and affiliates?					Yes []	No [X]
	14.2	If yes, please complete the following	g:							
							1 ear End Book/Adjus Carrying Value	sted Curre	2 ent Quarter Book/Adjı Carrying Value	usted
	14.21	Bonds				\$	Carrying value	0 \$	Carrying value	0
	14.22 14.23							0		0
	14.24							0		0
	14.25	0 0	te					0		0
	14.26 14.27		ıbsidiaries and Affiliates (Sub	ototal Lines 14.	.21 to 14.26)	\$		0 \$		0
	14.28	,	,		.,	\$		0 \$		0
15.1	Has th	ne reporting entity entered into any h	nedging transactions reporte	d on Schedule	DB?				Yes []	No [X]
15.2	If yes,	has a comprehensive description o	f the hedging program been	made available	e to the domiciliary	state?			Yes [] No []	N/A []
	If no, a	attach a description with this statem	ent.							
16.	For th	e reporting entity's security lending	program, state the amount o	f the following	as of current statem	ent date:				
16.1	Total t	fair value of reinvested collateral ass	sets reported on Schedule D	L, Parts 1 and	2:			\$		0
16.2	Total I	book adjusted/carrying value of rein	vested collateral assets repo	rted on Sched	ule DL, Parts 1 and	2:		\$		0
16.3	Total	payable for securities lending report	ed on the liability page:					\$		0
17.		ding items in Schedule E-Part 3-Spe								
		s, vaults or safety deposit boxes, we dial agreement with a qualified bank						ırcing		
	of Crit	ical Functions, Custodial or Safekee	eping Agreements of the NAI	C Financial Co	ondition Examiners I	Handbook?		•	Yes [X]	No []
	17.1	For all agreements that comply with	the requirements of the NA	C Financial Co	ondition Examiners	Handbook, compl	ete the following:			
			1 Name of Custodian(s)				Custo	2 odian Address		
		The Washington Trust Company	(1)			23 Broad Street	t, Westerly, RI 0289			
		For all agreements that do not complocation and a complete explanation		the NAIC <i>Finai</i>	ncial Condition Exar	miners Handbook	, provide the name,			
		1 Name	e(s)		2 Locatio			Complete	3 Explanation(s)	
	17.3	L Have there been any changes, inclu	uding name changes, in the	custodian(s) ide	entified in 17.1 durir	ng the current gua	arter?		Yes[]	No [X]
		If yes, give full and complete inform		(-,		J				
		1			2		3		4	
		Old Custod	lian		New Custodian		Date of Change		Reason	
		Investment management – Identify of the reporting entity. For assets the								on behalf
		securities"].	iat are managed internally b	y chiployees o	i the reporting entity	, 11010 43 34011 [.	triat riavo access t		accounts, name	
			Name of	1 Firm or Individ	ual				2 Affiliation	
		Conning, Inc.	Name or	i iiiii oi iiiuiviu	uai				U	
			als listed in the table for Que % of the reporting entity's inv		any firms/individual	s unaffiliated with	the reporting entity	(i.e., designated	with a "U") Yes [X]	No[]
		17.5098 For firms/individuals un	affiliated with the reporting e e to more than 50% of the re	ntity (i.e., desig		sted in the table fo	or Question 17.5, do	es the total asse		No[]
	17 6	For those firms or individuals listed				"U" (unaffiliated)	provide the informa	tion for the table		140[]
	0	1	2	auon ooue	3	, ,.	4	ISI WIO KADIO	5 5	
		Control Posistration Pagasites							Investment	
		Central Registration Depository Number	Name of Firm or Ind	ividual	Legal Entity Id		Register	ed With	Managemen Agreement (IMA)	
		107423	Conning, Inc.		549300ZOGI4KK		SEC		DS	
		Have all the filing requirements of the	ne Purposes and Procedures	Manual of the	NAIC Investment A	Analysis Office be	en followed?		Yes [X]	No []
	18.2	If no, list exceptions:								

By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

b.

Issuer or obligor is current on all contracted interest and principal payments.

The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

- By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security: 20.
 - The security was purchased prior to January 1, 2018.
 - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

 The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
 - Has the reporting entity self-designated PLGI securities?

By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each

Yes[] No[X]

- self-designated FE fund:
 - The security was purchased prior to January 1, 2019.
 - h
 - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

 The security had a public credit raing(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an C. NRSRO prior to January 1, 2019.
 - d.
 - The fund only or predominantly holds bonds in its portfolio.
 The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

Statement for March 31, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island GENERAL INTERROGATORIES (continued)

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?

Yes[] No[] N/A[X]

If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?

Yes[] No[X]

If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes[] No[X]

3.2 If yes, give full and complete information thereto:

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?

Yes[] No[X]

4.2 If yes, complete the following schedule:

1	2	3		Total Discount Discount Taken During Period						
			4	5	6	7	8	9	10	11
	Maximum	Disc.	Unpaid	Unpaid			Unpaid	Unpaid		
Line of Business	Interest	Rate	Losses	LAE	IBNR	Total	Losses	LAE	IBNR	Total
	0.000	0.000	0	0	0	0	0	0	0	0
Total	XXX	XXX	0	0	0	0	0	0	0	0

Operating Percentages:

	5.1 A&H loss percent		0.000%
	5.2 A&H cost containment percent		0.000%
	5.3 A&H expense percent excluding cost containment expenses		0.000%
6.1	Do you act as a custodian for health savings accounts?	 Yes[]	No [X]
6.2	2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$	0
6.3	B Do you act as an administrator for health savings accounts?	 Yes[]	No [X]
6.4	If yes, please provide the amount of funds administered as of the reporting date.	\$	0
7.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	 Yes[]	No [X]

7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes[] No[X]

Statement for March 31, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

		Onlowing All New Reinsurers - Ourient real to be	110			
1	2	3	4	5	6	7
						Effective Date
NAIC					Certified	of Certified
Company			Domiciliary	Type of	Reinsurer Rating	Reinsurer
Code	ID Number	Name of Reinsurer	Jurisdiction	Reinsurer	(1 through 6)	Rating

NONE

Current Year to Date - Allocated by States and Territories

Direct Premiums Written Direct Losses Paid (Deducting Salvage)

		1	Direct Premi 2	ums Written	Direct Losses Paid	Deducting Salvage)	Direct Loss	Direct Losses Unpaid		
	States, Etc.	Active Status (a)	Current Year to Date	ર Prior Year to Date	4 Current Year to Date	Prior Year to Date	Current Year to Date	/ Prior Year to Date		
1.	AlabamaAL	N	to Date	to Date	to Date	to Date	to Date	to Date		
)	AlaskaAK	N								
.	ArizonaAZ	N								
	ArkansasAR	N								
	CaliforniaCA	N						,		
	ColoradoCO	N								
	ConnecticutCT	N						,		
	DelawareDE	N								
).	District of ColumbiaDC	N								
).	FloridaFL	N								
۱.	GeorgiaGA	N								
2.	HawaiiHI	N								
3.	ldahoID	N								
1.	IllinoisIL	N								
5.	IndianaIN	N								
ô.	lowaIA	N								
	KansasKS	N								
3.	KentuckyKY	N								
	LouisianaLA	N								
).	MaineME	N								
١.	MarylandMD	N								
2.	MassachusettsMA	N								
3.	MichiganMI	N								
	MinnesotaMN	N								
5.	MississippiMS	N								
). -	MissouriMO	N								
7.	MontanaMT	N								
3.	NebraskaNE	N								
	NevadaNV	N								
	New HampshireNH	N								
	New JerseyNJ	N								
	New MexicoNM	N								
	New YorkNY	N								
	North CarolinaNC	N								
	North DakotaND	N								
	OhioOH	N								
7.	OklahomaOK	N								
	OregonOR	N								
	PennsylvaniaPA	N								
	Rhode IslandRI	L	905,239	656,211	728,037	1,040,132	21,422,289	24,064,35		
	South CarolinaSC	N								
	South DakotaSD	N								
	TennesseeTN	N								
4. -	TexasTX	N								
	UtahUT	N								
	VermontVT	N								
	VirginiaVA	N								
	WashingtonWA	N								
	West VirginiaWV	N								
	WisconsinWI	N								
	WyomingWY	N								
	American SamoaAS	N								
	GuamGU	N								
	Puerto RicoPR	N								
	US Virgin IslandsVI	N								
	Northern Mariana IslandsMP	N								
	CanadaCAN	N								
	Aggregate Other AlienOT		0	0	0	0	0			
).	Totals	XXX	905,239	656,211	728,037	1,040,132	21,422,289	24,064,35		
•		1000		DETAILS OF V		T	Т	i		
		XXX								
		XXX								
	Summary of romaining write inc	XXX								
	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0			
999.	Totals (Lines 58001 thru 58003+			0	0	0				
	Line 58998) (Line 58 above)	XXX	0	0	0	0	0			
i)	Active Status Count									
∟ıce	ensed or Chartered - Licensed insurance			1		n-domiciled RRGsfied or accredited reinsurer.				
	ible Departing antition alimible as a									
	ible - Reporting entities eligible or appro (other than their state of domicile - See			0		ve - Not allowed to write bus	•			

Sch. Y - Pt. 1 NONE

Sch. Y Pt. 1A NONE

Statement for March 31, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island PART 1 - LOSS EXPERIENCE

FANI	I - LUSS EXPER	Current Year to Date		1
	1	2	3	Prior Year to Date
	Direct Premiums	Direct Losses	Direct	Direct Loss
Lines of Business	Earned	Incurred	Loss Percentage	Percentage
1. Fire			9	1 oroomago
Allied lines			0.000	
Farmowners multiple peril			0.000	
Homeowners multiple peril			0.000	
Commercial multiple peril			0.000	
Mortgage guaranty			2 222	
8. Ocean marine			0.000	
9. Inland marine			0.000	
10. Financial quaranty			0.000	
11.1. Medical professional liability - occurrence				160.830
11.2. Medical professional liability - claims-made				268.032
12. Earthquake		,	0.000	200.002
13. Group accident and health			0.000	
14. Credit accident and health			1 111	
15. Other accident and health			0.000	
16. Workers' compensation			0.000	
17.1 Other liability-occurrence				134.975
17.2 Other liability-claims made	,			104.370
17.3 Excess workers' compensation			0.000	
18.1 Products liability-occurrence			1 111	
18.2 Products liability-claims made			0.000	
19.1, 19.2 Private passenger auto liability			0.000	
19.3, 19.4 Commercial auto liability			0.000	
21. Auto physical damage			1 111	
22. Aircraft (all perils)				
23. Fidelity			0.000	
24. Suretv.			0.000	
1				
26. Burglary and theft			0.000	
28. Credit			0.000	
29. International			0.000	
30. Warranty				XXX
31. Reinsurance-nonproportional assumed property				
32. Reinsurance-nonproportional assumed liability			XXX	XXX
33. Reinsurance-nonproportional assumed financial lines			XXX	XXX
34. Aggregate write-ins for other lines of business	0			407.075
35. Totals	,	1,147,738	214.080	197.375
[0.00]	DETAILS OF WRITE-INS	1		
3401				
3402				
3403			0.000	
3498. Sum. of remaining write-ins for Line 34 from overflow page		-		XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34)	0	0 .	0.000	

	PARIZ-L	IRECT PREMIUMS WRIT	IIEN	
	Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire			
2.	Allied lines			
3.	Farmowners multiple peril			
4.	Homeowners multiple peril			
5.	Commercial multiple peril			
6.	Mortgage guaranty			
8.	Ocean marine			
	Inland marine			
10.	Financial guaranty			
	Medical professional liability - occurrence			292,048
11.2	Medical professional liability - claims made	468,940	468,940	269,577
12.	Earthquake			
13.	Group accident and health			
14.	Credit accident and health			
15.	Other accident and health			
16.	Workers' compensation			
17.1	Other liability-occurrence	40,650	40,650	94,586
17.2	Other liability-claims made			
17.3	Excess workers' compensation			
18.1	Products liability-occurrence			
	Products liability-claims made			
19.1	19.2 Private passenger auto liability			
	19.4 Commercial auto liability			
21.	Auto physical damage			
22.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety			
26.	Burglary and theft			
27.	Boiler and machinery			
28.	Credit			
29.	International			
30.	Warranty			
31.	Reinsurance-nonproportional assumed property		XXX	XXX
32.	Reinsurance-nonproportional assumed liability		XXX	XXX
33.	Reinsurance-nonproportional assumed financial lines		XXX	XXX
	Aggregate write-ins for other lines of business			0
35.	Totals	905,239	905,239	656,211
0.404		DETAILS OF WRITE-INS		
3401. 3402.				
3400.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
	Totals (Lines 3401 thru 3403 plus 3498) (Line 34)		•	0

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

_	_		_	L	000 AND LU00 .	ADJUSTIMENT E	VLENOE KEOEL	(VES SCHEDULE				_	
	1	2	3	4	5	6	7	8	9	10	11	12	13
							Q.S. Date Known	Q.S. Date Known			Prior Year-End Known	Prior Year-End	Prior Year-End
			Total Prior	2020	2020		Case Loss and	Case Loss and LAE			Case Loss and LAE	IBNR Loss and LAE	Total Loss
	Prior Year-End	Prior Year-End	Year-End	Loss and LAE	Loss and LAE	Total 2020	LAE Reserves on	Reserves on Claims	Q.S. Date	Total Q.S.	Reserves Developed	Reserves Developed	and LAE Reserve
Years in Which	Known Case	IBNR	Loss and	Payments on Claims	Payments on Claims	Loss and	Claims Reported and	Reported or Reopened	IBNR	Loss and LAE	(Savings)/Deficiency		Developed
Losses	Loss and LAE	Loss and LAE	LAE Reserves	Reported as of Prior	Unreported as of	LAE Payments	Open as of Prior	Subsequent to	Loss and LAE	Reserves	(Cols. 4 + 7	(Cols. 5 + 8 + 9	(Savings)/Deficiency
Occurred	Reserves	Reserves	(Cols. 1 + 2)	Year-End	Prior Year-End	(Cols. 4 + 5)	Year-End	Prior Year-End	Reserves	(Cols. 7 + 8 + 9)	minus Col. 1)	minus Col. 2)	(Cols. 11 + 12)
			,							,	,	,	, ,
1. 2017 + Prior	9.829	11.680	21,509	794		794	9.032		12,007	21,039	(3)	327	324
1. 2017 1 1101		11,000	21,000	134		754			12,007	21,000	(0)		024
0 0040	515	0.750	3.274	_			500		2.758	3.267		(4)	(4)
2. 2018	515	2,759	3,274	0		0	509		2,/58	3,207	0	(1)	(1)
3. Subtotals													
2018 + Prior	10,344	14,439	24,783	800	0	800	9,541	0	14,765	24,306	(3)	326	323
4. 2019	823	2,794	3,617	10		10	808	10	2,788	3,606	(5)	4	(1)
5. Subtotals													
2019 + Prior	11,167	17,233	28,400	810	0	810	10,349	10	17,553	27,912	(8)	330	322
6. 2020	XXX	XXX	XXX	XXX	1	1	XXX	114	1,098	1,212	XXX	XXX	XXX
6. 2020									, , , , , , , , , , , , , , , , , , , ,	,			
7. Totals	11,167	17,233	28,400	810	1	811	10,349	124	18,651	29,124	(8)	330	322
		,	<u>'</u>		1	1	· '	1			()		

8. Prior YearEnd's Surplus
As Regards
Policyholders123,365

Col. 13, Line 7
Line 8

Statement for March 31, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Response
1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	YES
3.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

- 1. The data for this supplement is not required to be filed.
- 2
- The data for this supplement is not required to be filed.
- 4. The data for this supplement is not required to be filed.

Bar Code:





NONE

Statement for March 31, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE A - VERIFICATION

Real Estate

	Tour Lotato		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.			
	2.1 Actual cost at time of acquisition		
	2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition Current year change in encumbrances		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mortgage Edans		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Capitalized deferred interest and other		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest Deduct current year's other-than-temporary impairment recognized		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)	0	0
14.			
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Other Long-Term invested Assets		
	-	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	64,772,187	59,089,912
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition Capitalized deferred interest and other		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other	867,444	3,615,960
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)	(4,167,955)	2,151,476
6.	Total gain (loss) on disposals		
7.	Total gain (loss) on disposals Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation	20,634	85,161
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	61,451,042	64,772,187
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	61,451,042	64,772,187

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	88,468,445	88,938,221
2.	Cost of bonds and stocks acquired	1,981,425	12,652,113
3.	Accrual of discount	8,764	30,668
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	5,082	33,197
6.	Deduct consideration for bonds and stocks disposed of	2,341,452	12,819,451
7.	Deduct amortization of premium	94,631	366,303
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	88,027,633	88,468,445
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	88,027,633	88,468,445

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

Г		1	2	3	4	5	6	7	8
	NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
F	MAIO Designation	or ourient quarter	Julient Quarter	Julient Quarter	Julient Quarter	i iist Quartei	Jecond Quarter	Tillia Qualter	i iioi i cai
	BONDS								
	1. NAIC 1 (a)	70,320,344	1,719,104	2,336,369	(1,020,019)	68,683,060			70,320,344
	2. NAIC 2 (a)	18,148,101	262,320		802,552	19,212,973			18,148,101
	•		·		·				
	3. NAIC 3 (a)				131,600	131,600			
	4. NAIC 4 (a)					0			
	IVIIO 7 (U)								
	5. NAIC 5 (a)					0			
	C NAIC C (a)					0			
	6. NAIC 6 (a)						<u></u>		
	7. Total Bonds	88,468,445	1,981,424	2,336,369	(85,867)	88,027,633	0	0	88,468,445
	PREFERRED STOCK								
	8. NAIC 1					0			
	9. NAIC 2					0			
١.	10. NAIC 3					0			
	IV. NAIC J					0			
	11. NAIC 4					0			
1	12. NAIC 5					0			
	13. NAIC 6					0			
	14. Total Preferred Stock	0	0	0 .	0	0	0	0	0
	15. Total Bonds and Preferred Stock	88 469 445	1 081 404	2 336 360	(85 967)	88 027 623	^	0	88 468 446
_	10. Total bolius allu I Ididildu Otook	00,400,443	1,301,424	2,000,009	(00,007)	00,021,033	0	0	00,400,443

Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.......0; NAIC 2 \$......0; NAIC 3 \$......0; NAIC 4 \$......0; NAIC 5 \$......0; NAIC 6 \$......0.

Sch. DA - Pt. 1 NONE

Sch. DA - Verification NONE

Sch. DB - Pt. A - Verification NONE

Sch. DB - Pt. B - Verification NONE

Sch. DB - Pt. C - Sn. 1 NONE

Sch. DB - Pt. C - Sn. 2 NONE

Sch. DB - Verification NONE

QSI03, QSI04, QSI05, QSI06, QSI07

Statement for March 31, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

Casii Equivalents	1	
	1	2 Prior Year Ended
	Year To Date	December 31
	Teal TO Date	December 31
Book/adjusted carrying value, December 31 of prior year	81 886	27 497
1. Doowaajastea carrying value, December 51 of prior year	01,000	21,701
Cost of cash equivalents acquired	2,268,175	6,196,719
	, 11,	., ,
3. Accrual of discount		1,404
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
5. Total gain (1055) on disposals		
Deduct consideration received on disposals	1.387.027	6.143.734
	,,,,,,	, , , , , , ,
7. Deduct amortization of premium		
Total foreign exchange change in book/ adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized		
9. Deduct current years officer-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	963.034	81.886
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	963,034	81,886

Sch. A Pt. 2 NONE

Sch. A Pt. 3 NONE

Sch. B - Pt. 2 NONE

Sch. B - Pt. 3 NONE

Sch. BA - Pt. 2 NONE

Sch. BA - Pt. 3 NONE

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

			•	<u> </u>				
1	2	3 4	5	6	7	8	9	10
								AIC Designation and
CUSIP Identification	Description	Foreign Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends Ad	dministrative Symbol
Bonds - U.S. Special Rev	venue and Special Assessment							
576000 YC 1	MASSACHUSETTS ST SCH BLDG AUTH		EXCHANGE		520,063	500,000	2,431 1FE	E
3199999. Total - B	Bonds - U.S. Special Revenue and Special Assessments				520,063	500,000	2,431	XXX
Bonds - Industrial and M	liscellaneous						·	
30231G BK 7	EXXON MOBIL CORPORATION	03/17/2020	J.P. MORGAN		750,000	750,000		E
90265E AQ 3	UDR INC	01/27/2020	WELLS FARGO SECURITIES LLC		262,320	250,000	311 2FE	E
90331H PL 1	US BANK NA CINCINNATI	01/16/2020	US BANCORP INVESTMENTS INC		449,042	450,000		E
3899999. Total - B	Bonds - Industrial and Miscellaneous				1,461,362	1,450,000	311	XXX
8399997. Total - B	Sonds - Part 3				1,981,425	1,950,000	2,742	XXX
8399999. Total - B	Bonds				1,981,425	1,950,000	2,742	XXX
9999999. Total - B	Bonds, Preferred and Common Stocks				1,981,425	XXX	2,742	XXX

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

					Showing a	all Long-Tern	n Bonds an	d Stocks S	OLD, REDE	EMED or O	herwise L	DISPOSEI	D OF Dur	ring Currer	nt Quarter							
	1		2 3	4	5	6	7	8	9	10			ook/Adjusted C			16	17	18	19	20	21	22
				7	ű		'	Ü		10	11	12	13	14	15	10	"	10	13	20		22
			F										Current							Bond		
			0										Year's							Interest /		NAIC
			r								Unrealized	Current	Other-Than-		Total Foreign		Foreign			Stock	Stated	Designation
			ei							Prior Year	Valuation	Year's	Temporary	Total Change	Exchange	Book/Adjusted	Exchange	Realized	Total Gain	Dividends	Contractual	and Admini-
			9	Disposal		Number of				Book/Adjusted	Increase	(Amortization)	Impairment	in B./A.C.V.	Change in	Carrying Value at	Gain (Loss)	Gain (Loss)	(Loss) on	Received	Maturity	strative
		ification		Date	Name of Purchaser	Shares of Stock	Consideration	Par Value	Actual Cost	Carrying Value	(Decrease)	/ Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	on Disposal	on Disposal	Disposal	During Year	Date	Symbol
_		. Gover		1			1															
					MBS PAYMENT		471	471	469	471				0		471			0		07/20/2038.	1
362			GN 393145	03/01/2020.	MBS PAYMENT		861	861	857	860				0		861			0		05/15/2024.	1
3620					MBS PAYMENT		135	135	137	135 24,955				0		135		25	25		07/15/2027. 09/15/2022.	1
			1 1	01/21/2020.	J.P. MURGAN							I	-	I			-					I
0599			al - Bonds - U.S. Government				26,447	26,467	26,413	26,421	0	1	0	1	0	26,422	0	25	25	149	XXX	XXX
			al Subdivisions of States	T	T	1			T				, ,		T							
576	100 N		MASSACHUSETTS ST SCH BLDG AUTH	03/20/2020.	EXCHANGE		520,063	500,000	566,040	521,818		(1,756)		(1,756)		520,063			0	,	08/15/2026.	
2499			al - Bonds - U.S. Political Subdivisions of States				520,063	500,000	566,040	521,818	0	(1,756)	0	(1,756)	0	520,063	0	0	0	14,931	XXX	XXX
			al Revenue and Special Assessment						•													
312			FG A46298		MBS PAYMENT		163	163	165	163				0		163			0	2	07/01/2035.	1
3128				03/01/2020.			358	358	361	358				ō		358			0	4	08/01/2037.	1
3128			FG G03231				1,876	1,876	1,848	1,876				0		1,876			0	11	08/01/2037.	1
3128			FG G03900		MBS PAYMENT		295	295	294	295				0		295			0	4	02/01/2038.	1
3128 3128			FG G05774		MBS PAYMENT		3,186	3,186	3,383	3,189		(3)		(3)		3,186			0	26	01/01/2040.	1
3128			FG G06024	03/01/2020.	MBS PAYMENTMBS PAYMENT		1,000	1,000	1,056	1,000 6,234				0		1,000			0	28	08/01/2040. 01/01/2032.	1
3128			FG G08505		MBS PAYMENT		16,066	16,066	16,866	16,075		(10)		(10)		16,066				80	09/01/2032.	1
3128			FG G08601	03/01/2020.			4,354	4,354	4,657	4,359		(5)		(5)		4,354				28	08/01/2044.	1
3128		K4 7		03/01/2020.			8,129	8,129	8.486	8,136		(7)		(7)		8,129			0	47	03/01/2046.	1
3128	MJ)	(5 4	FG G08699	03/01/2020.	MBS PAYMENT		6,789	6,789	7,287	6,799		(9)		(9)		6,789			0	47	03/01/2046.	1
3128 3128	MJ Y	′M 6	FG G08715	03/01/2020.			5,441	5,441	5,660	5,443		(3)		(3)		5,441			0	27	08/01/2046.	1
3128	MJ Z	ZH 6		03/01/2020.			7,677	7,677	8,082	7,685		(7)		(7)		7,677			0	51	01/01/2047.	1
3128			FG G08747	03/01/2020.	MBS PAYMENT		11,336	11,336	11,199	11,334		2		2		11,336			0	57	02/01/2047.	1
3128			FG G18631		MBS PAYMENT		8,853	8,853	8,875	8,854				0		8,853			0	37	02/01/2032.	1
3128		VJ 8	FG G18648	03/01/2020.			20,975	20,975	21,939	20,996		(20)		(20)		20,975			0	119	06/01/2032.	1
3128		VS 8		03/01/2020.			12,609	12,609	12,908	12,614		(6)		(6)		12,609			0	81	08/01/2032.	1
3128 3128			FG J11644	03/01/2020. 03/01/2020.			1,416	1,416	1,442	1,417 6,212		(1)		(1)		1,416				10	02/01/2025. 03/01/2027.	1
312			FH 1G1479		PRIOR YEAR INCOME		0,200	0,200	0,419	0,212		(4)		(4)		0,200				16	01/01/2027.	1
3129			FG C01527		MBS PAYMENT		1,754	1,754	1,785	1,754		(1)		(1)		1,754				16	04/01/2037.	1
312			FG C03903	03/01/2020.	MBS PAYMENT		1,139	1,139	1.140	1,139				(1)		1,139			0	7	04/01/2042.	1
312		6 0		03/01/2020.			2,917	2,917	2,992	2,918		(1)		(1)		2,917			0	20	05/01/2042.	1
312		2H 1	FG A92576	03/01/2020.	MBS PAYMENT		742	742	762	742				0		742			0	6	07/01/2040.	1
312			FG A93093	03/01/2020.	MBS PAYMENT		4,109	4,109	4,323	4,113		(3)		(3)		4,109			0		07/01/2040.	1
312		NF 8	FG A93990	03/01/2020.			2,986	2,986	3,089	2,988		(2)		(2)		2,986			0	20	09/01/2040.	1
3129			FG E02817		MBS PAYMENT		4,177	4,177	4,067	4,175		2		2		4,177			0	20	01/01/2026.	1
3129		PA 1	FG A13117		MBS PAYMENT		1,051	1,051	1,039	1,051 525				0		1,051 525			0	9	09/01/2033.	1
3129		IR 8 /B 7	FG A16232	03/01/2020. 03/01/2020.	MBS PAYMENT		2,885	525	2,885	2,885				0		525			0	22	11/01/2033. 01/01/2042.	1
313							3,109	3,109	3,228	3,110		(1)		(1)		3,109			0 n		07/01/2042.	1
313			FG G60458	03/01/2020.			8,060	8,060	8,482	8,066		(6)		(6)		8,060			0		01/01/2033.	1
313					MBS PAYMENT		2,032	2,032	2,174	2,035		(2)		(2)		2,032			0	13	02/01/2046.	1
3133	5H 5		FG C90859	03/01/2020.	MBS PAYMENT		2,035	2,035	2,092	2,037		(2)		(2)		2,035			0	19	10/01/2024.	1
313	1H E	36 4	FN 252161	03/01/2020.	MBS PAYMENT		1,386	1,386	1,370	1,386				0		1,386			0	14	12/01/2028.	1
313		44 3	FN 253927	03/01/2020.	MBS PAYMENT		102	102	102	102				0		102			0	1	07/01/2031.	1
313		CG 0	FN 255771	03/01/2020.	MBS PAYMENT		3,185	3,185	3,248	3,187		(1)		(1)		3,185			0	31	07/01/2035.	1
3138		W 1	FN AI8184	03/01/2020.	MBS PAYMENT		4,171	4,171	4,373	4,173		(2)		(2)		4,171			0		08/01/2041.	1
3138 3138		/U 1	FN AI8822FN AJ4145	03/01/2020.	MBS PAYMENT		4,895	4,895 1,897	5,187	4,902 1,898		(8)		(8)		4,895 1,897			0	39	08/01/2041. 11/01/2041.	1
3138		TB 1 RQ 8		03/01/2020.			3,635	3,635	3,913	3,638		(1)		(1)		3,635			٥	29	11/01/2041.	1
313		SF 7	FN AJ7717	03/01/2020.	MBS PAYMENT		4,876	4,876	5,025	4,879		(3)		(3)		4,876			0 n	24	12/01/2026.	1
3138			FN AL0245		MBS PAYMENT		3,372	3,372	3,474	3,373		(2)		(2)		3,372			0	22	04/01/2041.	1
					MBS PAYMENT		4,299	4.299	4.497	4.300		(1)		(1)		4,299			0	28	03/01/2042.	1

QE05

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

CUSIP Identification Description Descr						Snowing	all Long-Tern	i Bonus an	ia Stocks S	OLD, REDE	ENIED of O	inerwise L	JISPUSE	ט סר טע	ring Currer	it Quarter							
Part		1		2	3 4	5	6	7	8	9	10		Change in E	Book/Adjusted (Carrying Value		16	17	18	19	20	21	22
Part		-						•	_			11	12	13	14	15							
Part					+									Current							Bond		
Conference Con				(0																		
					r																		Designation
Part				6	ei							Valuation	Year's	Temporary						Total Gain	Dividends		and Admini-
STATE 19 P. P. M. 255				9							Book/Adjusted						Carrying Value at						
3785	_			ription			Shares of Stock					(Decrease)	/ Accretion	Recognized	(11+12-13)	B./A.C.V.		on Disposal	on Disposal	Disposal			Symbol
													(3))	(3)					0			1
1316 7 9 14 9 9 14 9 9 14 9 9 14 9 9 14 9 9 14 9 9 14 9 9 14 9 9 9 9 9 9 9 9 9)						0	37	09/01/2042.	1
\$185 \$4 \$1 \$4 \$4 \$5 \$6 \$5 \$5 \$5 \$5 \$5 \$5													(3))	(3)					0	45	12/01/2042.	1
1.50 1.50													(1))	(1)					0			1
\$1850 \$2 \$1 A008C													(4))	(4)					0			1
3 3 3 3 4 5 5 5 5 5 5 5 5 5													(3))	(3)					0			1
1 1 1 1 1 1 1 1 1 1													(1))	(1)					0			1
\$1,000 \$2,000 \$3,000 \$															0					0			1
315900 78 0 69 Addition 0 0 0 0 0 0 0 0 0					. 03/01/2020.										0					0			1
315900 NO 1 PK AGRESSA 10 PK AGRESSA 25 PK AGRESSA 2					. 03/01/2020.								1		1					0			1
1918/06 1918					. 03/01/2020.)	(-)					0			1
STATE STAT													(3))	(3)					0			1
\$15,000 \$17 \$1,000 \$1,													(4))	(4)					0			1
STEWN AT 0 PASSETS 0 0 0 2,152 0 0 0 2,152 0 0 0 2,152 0 0 0 1 1 1 1 1 1 1															0					0			1
318/W W T O PLASESS 090/0000, MSS PAYMENT 9,916 9,916 0,017 0,0170244 1,017 1,17 1,017 1															0					0			1
3159W 10 9 PA ASSYSS 00010200 USS PAYMENT 4.416															0					0			1
3159WG PA 1 FA ASSE44 0.0017020, MISP PAYMENT 5.005 5.005 5.005 5.007 5.005 5.007 5.005 5.005 5.005 5.005 5.007 5.005													(9)		(9)					0			1
31589W FR 6 00070220 MSS PAYMENT 5.566 5.459 5.768 5.458 6.77 6.146 6.77 6.74													(1)		(1)					0			1
318M PC 6 FM ASSIS 0.00102200 MIS PAYMENT 5,177													(2)		٠,					0			1
3189W NF 6 PA ASSEC CONTROL MSS PAYMENT 5,800 8,006 8,206 8,008 (2) (2) 8,000 0 4 1201/2006 1 1 1 1 1 1 1 1 1											.,		(4))						0			1
1																				0			1
315897 T. S. P. N. AUSSP. C. P. N. AUSSP. C. P. N. AUSSP. C. P. AUS	_				. 03/01/2020.								(2))	(2)					0			1
73 3138W 172 5 FN AURSES 0501/2020. MSS PAYMENT 4.990 4.990 4.990 4.990 1 1 1 4.990 0 26 0801/2020. MSS PAYMENT 4.319 4.319 4.324 4.318 1 1 1 4.319 0 21 (0701/2015) 1 3.318.0 1 2 FN AURSES 0501/2020. MSS PAYMENT 4.319 4.324 4.318 1 1 1 4.319 0 0 1.410.0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													4		0					0			1
3 138N 72 8 FN AL1628	- ·														1					0			1
313837 3A 2 PALIZEE 00010220 MSS PAYMENT 4,352 4,362 4,518 4,364 (2) (2) (2) 4,362 0 29 (80102AS 1 31387 3 MS PAN 9 PALAUZES 00010220 MSS PAYMENT 4,103 0 1,103 0 2,103 0 22 (80102AS 1 31387 MS PAN 4 PALAUZES 0 0,0010220 MSS PAYMENT 1,1284 1													1		1					0			1
313897 3S J M 9 FA NAU23. 313967 3S J FA AX500. 31407 3D FA AV204. 313967 1S J FA AX500. 31407 3D FA AV204. 313967 1S J FA AX500. 31407 3D FA AV204. 31407 3D FA													(2)		/2\					0			1
313997 GS 1 FINANSOB 0001/2020 MISP APMENT 1.1284 11.284 11.285 (13) (13) (13) 11.284 0 0 3.5 0001/2020 MISP APMENT 1.6.606 6.60 6.602 5.6612 (.3) (.3) 5.6008 0 0 3.5 0001/2020 MISP APMENT 1.1284 1.1284 1.1284 1.1284 1.1284 1.1285 (.3) (.3) 5.6008 0 0 3.5 0001/2020 MISP APMENT 1.1286 1.1286 1.1286 0 0 0 1.0001/2020 MISP APMENT 1.1286 1.1286 1.1286 0 0 0 1.0001/2020 MISP APMENT 1.1286 1.1286 0 0 0 1.0001/2020 MISP APMENT 1.1286 1.1286 1.1286 0 0 1.0001/2020 MISP APMENT 1.1286 1.1286 1.1286 0 0 0 1.0001/2020 MISP APMENT 1.1284 1.1284 1.1284 1.1284 1.1286 1.1286 0 0 0 1.0001/2020 MISP APMENT 1.1286 1.1286 1.1286 0 0 0 1.0001/2020 MISP APMENT 1.1286 1.1286 1.1286 1.1286 1.1286 1.1286 1.1286 0 0 0 1.0001/2020 MISP APMENT 1.1286 1.12													(2))	(2)					0			1
31394V U 0 PNA 2005-123 PG					. 03/01/2020.								/42\							0			1
31340V IV 0 PIRR2005-123 PG. 03010/200 MISP PAYMENT 12.266 12.266 11.916 12.285 3 3 3 1.2266 0 0 1.08 01/25/2006, 1 1.3160 PM 14 PAR20222 0 03010/200 MISP PAYMENT 278 278 2.265 278 0 0 2.27 0.3010/200 MISP PAYMENT 4.000 4.000 4.001 4.000 4.001 4.000 4.001 4.000 0 2.2 0 0 2.3 0 0 0 2.3 0 0 0 2.3 0 0 0 0 2.3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0																							1
31400Y SD 7 FN 702007. 0301/2020 MBS PAYMENT. 278 278 285 278 0 0 278 0 0 0 0 0 0 0 0 0					03/01/2020.								3		3								1
3140BU HI 4 FR 820232 0301/2020 MSS PAYMENT 0.00 0.0 0																							1
3140PY U. 9 F. N. 82687													(2)		(2)								1
3140PF C9 8 FN RE3695. 030172020 MSS PAYMENT 34,008 33,033 34,005 3 3 3 34,008 0 204 060172047 1. 34,008								232	232				(2)	,	0								1
3140HB FK 9 FN B,19169 .													3		3					0			1
3140HB GZ 5 FN B19215 03011/2020 MBS PAYMENT 15,866 15,866 16,151 15,872 (7) (7) 15,866 0 0 107 06011/2048 1.													(21)	1	(21)					0			1
3140/07 15 4 FN BM3271 0301/12020 MBS PAYMENT 14,834 15,080 14,838 4(4) 4(4) 14,834 0.0 6.6 1201/12032 1. 1. 1. 1. 1. 1. 1. 1																				n			1
3140U8 HZ 9 FN BM3947 0301/2020 MBS PAYMENT 7.524 7.750 7.525 (.1) (.1) 7.524 0 3.6 0501/2048 1								14.834					(4)							0			1
3140/G LQ 6 FN BN0334.													(1)		()					0			1
314007 2P 1 FN CA0781 S0301/2020 MBS PAYMENT 17,206 17,206 17,206 17,206 17,206 17,206 17,206 17,206 17,206 18,001/2020 1,001/2020													(359)							0			1
3140X4 Y8 3 FN FM1634 0301/2020 MBS PAYMENT 62,318 62,318 64,275 62,375 (58) (58																				0			1
31410U KA 9 FN 897689. 03/01/2020. MBS PAYMENT. 9,465 9,465 9,255 9,463 2 2 9,465 0 127 06/01/2037. 1. 1. 1. 1. 1. 1. 1.																				0			1
31413R 2P 0 FN 953582 03/01/2020 MBS PAYMENT 152 152 160 152 160 152 160 152 160 152 160 152 160 152 160 152 160 152 160 152 160 152 160 152 160 1													2		2					0			1
31416J ZM 6 FN AA1647. 03/01/2020 MBS PAYMENT. 3,436 3,436 3,437 (1) (1) 3,436 0 0 15 02/01/2039 1 31416M 5A 8 FN AA4440. 03/01/2020 MBS PAYMENT. 6,64															0					0			1
31416M 5A 8 FN AA4440. 03/01/2020 MBS PAYMENT 64 66 64 64 66 64 66 64 64 64 66 64 6													(1))	(1)					0			1
31417C JL 0 FN AB5666. 03/01/2020 MBS PAYMENT 4,809 4,809 4,904 4,811 (2) (2) (2) 4,809 0 0 25 07/01/2042 1 1 1 1 1 1 1 1 1													(1 /		0					0			1
31417C KM 6 FN AB5699					. 03/01/2020.								(2)		(2)					0			1
31417C VS 1 FN AB6024. 03/01/2020 MBS PAYMENT. 3,107 3,107 3,249 3,109 (2) (2) 3,107 (7) 3,107 3,1					. 03/01/2020.															0			1
31417D TR 4 FN AB6859. 03/01/2020. MBS PAYMENT. 8,413 8,413 8,745 8,421 (7) (7) 8,413 0 55 11/01/2042 1 1 1 1 1 1 1 1 1					. 03/01/2020.								(2)		(2)					0			1
31417E MZ 1 FN AB7575 03/01/2020. MBS PAYMENT 4,578 4,578 4,562 4,578 0 0 4,578 0 0 4,578 0 0 22 01/01/2043. 1 1 1 1 1 1 1 1													(7)							0			1
31417E N9 8 FN AB7615															0		4,578			0			1
31417F 3E 6 FN AB8896										5,400	5,169		(2)		(2)					0			1
31417G 5A 0 FN AB9840					. 03/01/2020.	MBS PAYMENT		4,694	4,694	4,562	4,693		1		1		4,694			0			1
													(2)		(2)					0			1
	3		FN AB9959					3,132		3,267	3,133		(2)		(2)		3,132			0			1

QE05.1

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2 3	3 4	5	6	7	8	9	10		Change in B	ook/Adjusted C	Carrying Value		16	17	18	19	20	21	22
									11	12	. 13	14	15							
											Current							Bond		NAIO
									University of	0	Year's		Table Constant		F			Interest /	01-1-1	NAIC
		[.]						Diany	Unrealized	Current	Other-Than-	T-1-1 Ob	Total Foreign		Foreign	Destinat	T-1-1 O-1-	Stock	Stated	Designation
	l e	Piananal		Number of				Prior Year	Valuation	Year's (Amortization)	Temporary	Total Change in B./A.C.V.	Exchange	Book/Adjusted	Exchange	Realized	Total Gain	Dividends Received	Contractual	and Admini-
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Shares of Stock	Consideration	Par Value	Actual Cost	Book/Adjusted	Increase (Decrease)			(11+12-13)	Change in B./A.C.V.	Carrying Value at Disposal Date	Gain (Loss) on Disposal		(Loss) on Disposal	During Year	Maturity	strative
	FN MA3149.		MBS PAYMENT	Shares of Stock	12,361	12,361	12,834	Carrying Value	(Decrease)	/ Accretion	Recognized	(11+12-13)	D./A.U.V.	12,361	on Disposai	on Disposal	Disposai	During rear	10/01/2047.	Symbol
	FN AD8186		MBS PAYMENT		1,473	1,473	1,526	12,373		(12)		(1Z)		12,361			0	01	09/01/2025.	1
0	FN AE4179.		MBS PAYMENT		2,125	2,125	2,200	2,127		(1)		(1)		2,125				11	10/01/2025.	1
	FN AE7731	. 03/01/2020.	MBS PAYMENT		4.619	4,619	4,926	4,625		(1)		(1) (5)		4.619				11	11/01/2040.	1
	KANSAS ST DEV FIN AUTH REVENUE		STIFEL NICOLAUS & CO		353.917	350,000	410,050	350.000		(3)		(3)		350.000		3.917	3,917	1,701		100
			STIFEL NICOLAUS & CO							(0.00)						- / -		· ·		
	al - Bonds - U.S. Special Revenue and Special	Assessments.			1,207,801	1,203,884	1,288,667	1,204,550	0	(662)	0	(662)	0	1,203,884	0	3,917	3,917	7,013	XXX	XXX
Bonds - Industrial a																				
	AMER AIRLINE 17-1 AA PTT	. 02/15/2020.	MBS PAYMENT		8,906	8,906	8,906	8,906				0		8,906			0		08/15/2030.	
	BURLINGTN NO SF 06-1 TR		MBS PAYMENT		60,554	60,554	60,721	60,554				0		60,554			0		01/15/2024.	
	CLECO 2008-A A2		MBS PAYMENT		122,650	122,650	122,475	122,650				0		122,650			0		03/01/2023.	
	JCPL 2006-A A4		MBS PAYMENT		75,826	75,826	75,759	75,781		46		46		75,826			0		06/05/2023.	
	PROCTER & GAMBLE - ESOP	. 01/01/2020.	SINK		55,590	55,590	55,590	55,590				0		55,590			0			
90331H PL 1	US BANK NA CINCINNATI		US BANCORP INVESTMENTS INC		200,716	200,000	199,574			1		1		199,575		1,141	1,141		01/21/2025.	
	UNION PACIFIC RR CO 07-3		MBS PAYMENT		57,442	57,442	57,442	57,442				0		57,442			0		01/02/2031.	
909318 AA 5	UNITED AIR 2018-1 AA PTT	. 03/01/2020.	MBS PAYMENT		5,452	5,452	5,452	5,452				0		5,452			0	95	09/01/2031.	1FE
3899999. Tota	al - Bonds - Industrial and Miscellaneous				587,136	586,420	585,919	386,375	0	47	0	47	0	585,995	0	1,141	1,141	10,937	XXX	XXX
8399997. Tota	al - Bonds - Part 4				2,341,447	2,316,771	2,467,039	2,139,164	0	(2,370)	0	(2,370)	0	2,336,364	0	5,083	5,083	33,030	XXX	XXX
8399999. Tota	al - Bonds				2,341,447	2,316,771	2,467,039	2,139,164	0	(2,370)	0	(2,370)	0	2,336,364	0	5,083	5,083	33,030	XXX	XXX
9999999. Tota	al - Bonds, Preferred and Common Stocks				2,341,447	XXX	2,467,039	2,139,164	0	(2,370)	0	(2,370)	0	2,336,364	0	5,083	5,083	33,030	XXX	XXX

Sch. DB - Pt. A - Sn. 1 NONE

Sch. DB - Pt. B - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 2 NONE

> Sch. DB - Pt. E NONE

Sch. DL - Pt. 1 NONE

Sch. DL - Pt. 2 NONE

Statement for March 31, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE E - PART 1 - CASH

Mon	th End De	epository	Balances					
1	2	3	4	5		Balance at End of		9
					Mont	h During Current Qu	ıarter	
					6	7	8	
			Amount of Interest	Accrued at				
		Rate of	Received During	Current Statement				
Depository	Code	Interest	Current Quarter	Date	First Month	Second Month	Third Month	*
Open Depositories								
BANK OF AMERICAPROVIDENCE, RI					1,167,443	748,369	543,211	XXX
0199999. Total Open Depositories	XXX	XXX	0	0	1,167,443	748,369	543,211	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	1,167,443	748,369	543,211	XXX
0599999. Total Cash	XXX	XXX	0	0	1,167,443	748,369	543,211	XXX

Statement for March 31, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

	Chew invocationic Owned End of Current	t Qualitoi						
1	2	3	4	5	6	7	8	9
							Amount of Interest Due &	
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date B	ook/Adjusted Carrying Value	Accrued	Amount Received During Year
All Other Money Mar	ket Mutual Funds							
31607A 70 3	FIDELITY GOVERNMENT PORT-INS.		. 03/30/2020	0.340		963,034	835	
8699999. Total - All C	ther Money Market Mutual Funds					963,034	835	0
8899999. Total - Cash	Equivalents					963,034	835	0

Supplement for March 31, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island

** 1 3 1 0 1 2 0 2 0 4 5 5 0 0 1 0 1 **

** Designate the type of health care

** SUPPLEMENT "A" TO SCHEDULE T

Designate the type of health care providers reported on this page.

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

Physici	ans - Including Surgeons and O	steopaths 1	2	Direct Lo	sses Paid	5	Direct Los	ses Unpaid	8
				3	4		6	7	Direct
		Direct	Direct		Number	Direct		Number	Losses Incurred
		Direct Premiums	Direct Premiums		Number of	Direct Losses	Amount	Number of	But Not
	States, Etc.	Written	Earned	Amount	Claims	Incurred	Reported	Claims	Reported
1.	AlabamaAL AlaskaAK								
2. 3.	ArizonaAX								
4.	ArkansasAR								
5.	CaliforniaCA								
6.	ColoradoCO								
7.	ConnecticutCT								
8.	DelawareDE								
	District of ColumbiaDC								
10. 11.	FloridaFL GeorgiaGA								
12.	HawaiiHI								
13.	ldahoID								
14.	IllinoisIL								
15.	IndianaIN								
16.	lowaIA								
	KansasKS								
	KentuckyKY LouisianaLA								
	MaineME								
	MarylandMD								
	MassachusettsMA								
23.	MichiganMI								
24.	MinnesotaMN								
	MississippiMS								
	MissouriMO								
	MontanaMT NebraskaNE								
	NevadaNV								
	New HampshireNH								
	New JerseyNJ								
32.	New MexicoNM								
33.	New YorkNY								
	North CarolinaNC								
35. 36.	North DakotaND OhioOH								
37.	OhioOH OklahomaOK								
38.	OregonOR								
	PennsylvaniaPA								
40.		665,096	340,860	305,537	4	999,773	8,353,465	24	9,701,000
41.	South CarolinaSC								
42.	South DakotaSD								
	TennesseeTN TexasTX								
44. 45.	TexasTX UtahUT								
46.	VermontVT								
47.	VirginiaVA								
48.	WashingtonWA								
	West VirginiaWV								
	WisconsinWI								
	WyomingWY								
	American SamoaAS GuamGU								
	Puerto RicoPR								
	US Virgin IslandsVI								
	Northern Mariana IslandsMP								
57.	CanadaCAN								
58.	Aggregate Other AlienOT	0	0	0	0	0	0	0	0
59.	Totals	665,096	340,860		4	999,773	8,353,465	24	9,701,000
58001				DETAILS OF					
58001.									
58998.	Summary of remaining write-ins								
F0000	for Line 58 from overflow page.	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 thru 58003 + 58998) (Line 58 above)	0	0	n	n	0	0	0	0
l	· JUJJUJ (LINE JU ADUVE)	U	l0	U	U	U	U	U	U

Supplement for March 31, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island

** 1 3 1 0 1 2 0 2 0 4 5 5 0 0 1 0 1 **

** Designate the type of health care

** SUPPLEMENT "A" TO SCHEDULE T

Designate the type of health care providers reported on this page.

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

Hospita	ls			B:	B : 1	-	D: (1		
		1	2	Direct Lo	sses Paid 4	5	Direct Los	ses Unpaid 7	8 Direct
		Direct	Direct	v	,	Direct	v	Number	Losses Incurred But
		Premiums	Premiums		Number of	Losses	Amount	of	Not
	States, Etc.	Written	Earned	Amount	Claims	Incurred	Reported	Claims	Reported
1.	AlabamaAL								
2.	AlaskaAK ArizonaAZ								
3. 4.	ArizonaAZ ArkansasAR								
5.	CaliforniaCA								
6.	ColoradoCO								
7.	ConnecticutCT								
8.	DelawareDE								
	District of ColumbiaDC								
10.	FloridaFL								
11. 12.	GeorgiaGA HawaiiHI								
13.	IdahoID								
14.	IllinoisIL								
15.	IndianaIN								
16.	lowaIA								
	KansasKS								
	KentuckyKY								
	LouisianaLA MaineME								
	MarylandMD								
	MassachusettsMA								
	MichiganMI								
24.	MinnesotaMN								
25.	MississippiMS								
	MissouriMO								
	MontanaMT								
	NebraskaNE NevadaNV								
	New HampshireNH								
	New JerseyNJ								
	New MexicoNM								
33.	New YorkNY								
	North CarolinaNC								
35.	North DakotaND								
36. 37.	OhioOH OklahomaOK								
38.	OregonOR								
	PennsylvaniaPA								
		199,493	172,972	422,500	4	46,741	910,000	8	2,038,433
41.	South CarolinaSC								
42.	South DakotaSD								
	TennesseeTN								
44.	TexasTX UtahUT								
	VermontVT								
47.	VirginiaVA								
48.	WashingtonWA								
	West VirginiaWV								
	WisconsinWI								
	WyomingWY								
	American SamoaAS GuamGU								
	Puerto RicoPR								
	US Virgin IslandsVI								
	Northern Mariana IslandsMP								
57.	CanadaCAN								
58.	Aggregate Other AlienOT	0	0	0		0	0	0	0
59.	Totals	199,493	172,972		4	46,741	910,000	8	2,038,433
58001				DETAILS OF					
58001.									
58998.	Summary of remaining write-ins								
F0000	for Line 58 from overflow page.	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 thru 58003 + 58998) (Line 58 above)	0	0	n	n	0	0	0	0
	· Josso (Line Jo above)	U	U	U	U	U	U	U	U

Supp. A to Sch. T NONE

Supp. A to Sch. T NONE

Overflow Page NONE